

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 02676

2. Fiscal Year Covered From

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Charles N Stewart

P.O. Box, Bldg., Room No., if any

Street 3 Research Place

City Rockville

State Maryland

ZIP Code + 4 20850-3279

4. Name, file number, and address of labor organization.

Name Transportation Communications Union

Labor Organization File Number 000-196

P.O. Box, Building and Room Number, if any

Street 3 Research Place

City Rockville

State Maryland

ZIP Code + 4 20850-3279

5. Position in labor organization.

Executive Director, Social Services

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Charles N Stewart*

On

*3/28/06*  
Date

*301-840-8747*

Telephone Number

Name of Person Filing Charles Stewart	File Number U- 02676
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UnitedHealthcare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Railroad Accounts</p> <p>Street 450 Columbus Blvd. CT030-13NA</p> <p>City Hartford</p> <p>State Connecticut ZIP Code + 4 06115-0453</p>	<p>14.a. Nature of payment.</p> <p>Attended Labor dinner at Aventura, FL, on February 7, 2005.</p> <p>Wife Sharon also attended, had dinner of same value.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$242</p>

Name of Person Filing Charles Stewart	File Number U- 02676
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**Part C Continuation Page**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UnitedHealthcare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Railroad Accounts  Street 450 Columbus Blvd. CT030-13NA  City Hartford  State Connecticut ZIP Code + 4 06115-0453	14.a. Nature of payment.  Attended Labor golf luncheon at Aventura, FL, on February 12, 2005. Did not play golf.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$108

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Unitedhealthcare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Railroad Accounts  Street 450 Columbus Blvd. CT030-13NA  City Hartford  State Connecticut ZIP Code + 4 06115-0453	14.a. Nature of payment.  Had lunch with UHC VP in Washington, DC, on May 5, 2005, to discuss National Plan business.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$36

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name UnitedHealthcare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Railroad Accounts  Street 450 Columbus Blvd. CT030-13NA  City Hartford  State Connecticut ZIP Code + 4 06115-0453	14.a. Nature of payment.  Had dinner in Las Vegas, NV, on May 20, 2005, with UHC account executive during UHC annual customer forum.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$39

Name of Person Filing Charles Stewart	File Number U- 02676
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name Unitedhealthcare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Railroad Accounts  Street 450 Columbus Blvd. CT030-13NA  City Hartford  State Connecticut ZIP Code + 4 06115-0453	<b>14.a. Nature of payment.</b>  Attended pre-dinner reception in Kingston, NY, on October 13, 2005, given by UHC during visit by Labor Subcommittee to UHC Customer Service facility in Kingston, NY. Paid for own dinner.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> or Consultant ?	<b>14.b. Amount of payment.</b>  \$21

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name Unitedhealthcare  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Railroad Accounts  Street 450 Columbus Blvd. CT030-13NA  City Hartford  State Connecticut ZIP Code + 4 06115-0453	<b>14.a. Nature of payment.</b>  Attended dinner given by UHC in New Paltz, NY, on October 14, 2005, during visit by Labor Subcommittee to UHC Customer Service facility in Kingston, NY.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> or Consultant ?	<b>14.b. Amount of payment.</b>  \$67

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name Highmark Blue Cross Blue Shield  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 120 Fifth Avenue  City Pittsburgh  State Pennsylvania ZIP Code + 4 15222-3099	<b>14.a. Nature of payment</b>  Received holiday gift basket on December 20, 2005, shared with office.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> or Consultant ?	<b>14.b. Amount of payment.</b>  \$111